

**MULTIPLE DEPENDENT CLAIM
FEE SCHEDULE
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/521959

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		3				
6		3				
7		3				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
16		4				
17		5				
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TOTAL IND.	4					
TOTAL DEP.	26					
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						